

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines
American Council of Life Insurers Political Action Committee

ADDRESS (number and street) 101 Constitution Ave., NW
Suite 700
 Check if different than previously reported. (ACC)
Washington DC 20001

2. **FEC IDENTIFICATION NUMBER** C00147066
3. IS THIS REPORT NEW (N) **OR** AMENDED (A)

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report(Q1)
 July 15 Quarterly Report(Q2)
 October 15 Quarterly Report(Q3)
 January 31 Quarterly Report(YE)
 July 31 Mid-Year Report(Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day **PRE-Election** Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12G)
Election on _____ in the State of _____
(d) 30-Day **Post -Election** Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on _____ in the State of _____

5. Covering Period 06 01 2007 through 06 30 2007

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Type or Print Name of Treasurer Mr. Donald L. Walker

Signature of Treasurer Electronically Filed by Mr. Donald L. Walker Date 09 14 2007

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name
American Council of Life Insurers Political Action Committee

Report Covering the Period: From:

M	M
0	6

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	7

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>	Y	Y	Y	Y	2	0	0	7		35088.05
Y	Y	Y	Y							
2	0	0	7							
(b) Cash on Hand at Beginning of Reporting Period	49494.32									
(c) Total Receipts (from Line 19)	20976.82	176058.09								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	70471.14	211146.14								
7. Total Disbursements (from Line 31)	60831.00	201506.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	9640.14	9640.14								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name
American Council of Life Insurers Political Action Committee

Report Covering the Period: From:

M	M
0	6

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	7

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	4937.50	35960.07
(i) Itemized (use Schedule A)	1039.32	27598.02
(ii) Unitemized	5976.82	63558.09
(iii) TOTAL (add Lines 11(a)(i) and (ii)	0.00	0.00
(b) Political Party Committees	15000.00	112500.00
(c) Other Political Committees (such as PACs)	20976.82	176058.09
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)		
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	20976.82	176058.09
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	20976.82	176058.09

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	60831.00	196006.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	0.00	5500.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	60831.00	201506.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	60831.00	201506.00

DETAILED SUMMARY PAGE
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	20976.82	176058.09
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	20976.82	176058.09
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 30
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American Council of Life Insurers Political Action Committee

Full Name (Last, First, Middle Initial) A. Mr. Michael M. Masterson, CLU		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 4 / 2 0 0 7	
Mailing Address 445 East North Water Apt. 1405		Transaction ID: 20309376	
City State Zip Code Chicago IL 60611-5535	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Sammons Financial Group	Occupation Chairman of the Board & Chief Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1050.00		

Full Name (Last, First, Middle Initial) B. Mr. Roger N. Levy		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 7 / 2 0 0 7	
Mailing Address 11201 Robert Carter Road		Transaction ID: 20580109	
City State Zip Code Fairfax Station VA 22039-1326	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Genworth Financial	Occupation Senior Vice President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) C. Mr. Ross L. Sargent		Date of Receipt M M / D D / Y Y Y Y	
Mailing Address 101 Constitution Ave, NW Suite 700		Transaction ID: PR1120489710873	
City State Zip Code Washington DC 20001-2133	Amount of Each Receipt this Period 88.66		
FEC ID number of contributing federal political committee. C			
Name of Employer American Council of Life Insurers	Occupation Senior Counsel		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 531.97		
		P/R Deduction (\$44.33 Semi-Monthly)	

SUBTOTAL of Receipts This Page (optional) ▶	638.66
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 30
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Council of Life Insurers Political Action Committee

A. Full Name (Last, First, Middle Initial) Mr. Donald L. Walker		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1156427110873	
Mailing Address 101 Constitution Ave, NW Suite 700		Amount of Each Receipt this Period 100.00	
City Washington State DC Zip Code 20001-2133	FEC ID number of contributing federal political committee. C		
Name of Employer American Council of Life Insurers Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation CFO Aggregate Year-to-Date ▼ 600.00		
		P/R Deduction (\$50.00 Semi-Monthly)	

B. Full Name (Last, First, Middle Initial) Ms. Ann B. Cammack		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1333392910873	
Mailing Address 101 Constitution Ave, NW Suite 700		Amount of Each Receipt this Period 255.20	
City Washington State DC Zip Code 20001-2133	FEC ID number of contributing federal political committee. C		
Name of Employer American Council of Life Insurers Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Senior Vice President, Tax and Retirement Aggregate Year-to-Date ▼ 1531.21		
		P/R Deduction (\$127.60 Semi-Monthly)	

C. Full Name (Last, First, Middle Initial) Mr. Gary E. Hughes		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR771358210873	
Mailing Address 101 Constitution Avenue, NW Suite 700 West		Amount of Each Receipt this Period 270.34	
City Washington State DC Zip Code 20001-2133	FEC ID number of contributing federal political committee. C		
Name of Employer American Council of Life Insurers Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Executive Vice Pres & General Counsel Aggregate Year-to-Date ▼ 1622.03		
		P/R Deduction (\$135.17 Semi-Monthly)	

SUBTOTAL of Receipts This Page (optional) ▶	625.54
TOTAL This Period (last page this line number only) ▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 30
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Council of Life Insurers Political Action Committee

A. Full Name (Last, First, Middle Initial) Ms. Linda H. Cunningham		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR771362410873	
Mailing Address 101 Constitution Avenue, NW Suite 700 West		Amount of Each Receipt this Period 100.00	
City Washington State DC Zip Code 20001-2133	FEC ID number of contributing federal political committee. C		
Name of Employer American Council of Life Insurers Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Vice President, Conference Development Aggregate Year-to-Date ▼ 600.00		
		P/R Deduction (\$50.00 Semi-Monthly)	

B. Full Name (Last, First, Middle Initial) Mr. John F. Dolan		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR771365410873	
Mailing Address 101 Constitution Ave, NW Suite 700 West		Amount of Each Receipt this Period 40.00	
City Washington State DC Zip Code 20001-2133	FEC ID number of contributing federal political committee. C		
Name of Employer American Council of Life Insurers Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Vice President, Media Relations Aggregate Year-to-Date ▼ 240.00		
		P/R Deduction (\$20.00 Semi-Monthly)	

C. Full Name (Last, First, Middle Initial) Ms. Barbara A. Price		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR771369010873	
Mailing Address 101 Constitution Avenue, NW Suite 700 West		Amount of Each Receipt this Period 50.26	
City Washington State DC Zip Code 20001-2133	FEC ID number of contributing federal political committee. C		
Name of Employer American Council of Life Insurers Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation VP, Legislative & Regulatory Informati Aggregate Year-to-Date ▼ 275.91		
		P/R Deduction (\$25.13 Semi-Monthly)	

SUBTOTAL of Receipts This Page (optional) ▶	190.26
TOTAL This Period (last page this line number only) ▶	[Empty Box]

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 30
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Council of Life Insurers Political Action Committee

A. Full Name (Last, First, Middle Initial) Mr. J Bruce Ferguson		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR771373210873	
Mailing Address 101 Constitution Avenue, NW Suite 700 West		Amount of Each Receipt this Period 233.22	
City Washington State DC Zip Code 20001-2133	FEC ID number of contributing federal political committee. C		
Name of Employer American Council of Life Insurers Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Senior Vice President, State Relations Aggregate Year-to-Date ▼ 1399.33		
		P/R Deduction (\$116.61 Semi-Monthly)	

B. Full Name (Last, First, Middle Initial) Ms. Shawn Hausman		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR771373510873	
Mailing Address 101 Constitution Avenue, NW Suite 700 West		Amount of Each Receipt this Period 42.82	
City Washington State DC Zip Code 20001-2133	FEC ID number of contributing federal political committee. C		
Name of Employer American Council of Life Insurers Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Sr. Vice President, Public Affairs Aggregate Year-to-Date ▼ 256.91		
		P/R Deduction (\$21.41 Semi-Monthly)	

C. Full Name (Last, First, Middle Initial) Mr. David M. Leifer		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR771374010873	
Mailing Address 101 Constitution Avenue, NW Suite 700 West		Amount of Each Receipt this Period 108.34	
City Washington State DC Zip Code 20001-2133	FEC ID number of contributing federal political committee. C		
Name of Employer American Council of Life Insurers Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Senior Counsel Aggregate Year-to-Date ▼ 650.04		
		P/R Deduction (\$54.17 Semi-Monthly)	

SUBTOTAL of Receipts This Page (optional) ▶	384.38
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 30
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Council of Life Insurers Political Action Committee

A. Full Name (Last, First, Middle Initial) Mr. David R. Wentworth		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR771376010873	
Mailing Address 101 Constitution Avenue, NW Suite 700 West		Amount of Each Receipt this Period 60.00	
City Washington State DC Zip Code 20001-2133	FEC ID number of contributing federal political committee. C		
Name of Employer American Council of Life Insurers Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Vice President, Research Aggregate Year-to-Date ▼ 360.00		
		P/R Deduction (\$30.00 Semi-Monthly)	

B. Full Name (Last, First, Middle Initial) Mr. C Bryan Cox		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR771376810873	
Mailing Address 101 Constitution Avenue, NW Suite 700 West		Amount of Each Receipt this Period 42.84	
City Washington State DC Zip Code 20001-2133	FEC ID number of contributing federal political committee. C		
Name of Employer American Council of Life Insurers Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Regional Vice President Aggregate Year-to-Date ▼ 257.03		
		P/R Deduction (\$21.42 Semi-Monthly)	

C. Full Name (Last, First, Middle Initial) Mr. John W. Mangan, CEBS		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR771377110873	
Mailing Address 101 Constitution Ave, NW Suite 700		Amount of Each Receipt this Period 200.00	
City Washington State DC Zip Code 20001-2133	FEC ID number of contributing federal political committee. C		
Name of Employer American Council of Life Insurers Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Regional Vice President, State Relatio Aggregate Year-to-Date ▼ 1200.00		
		P/R Deduction (\$100.00 Semi-Monthly)	

SUBTOTAL of Receipts This Page (optional) ▶	302.84
TOTAL This Period (last page this line number only) ▶	(Empty box)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 30
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Council of Life Insurers Political Action Committee

Full Name (Last, First, Middle Initial) A. Mr. Donald G. Preston Jr.		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR771386410873
Mailing Address 101 Constitution Avenue, NW Suite 700 West		Amount of Each Receipt this Period 153.12
City Washington State DC Zip Code 20001-2133	P/R Deduction (\$76.56 Semi-Monthly)	
FEC ID number of contributing federal political committee. C	Name of Employer American Council of Life Insurers Occupation Managing Director, Reinsurance	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 918.73	

Full Name (Last, First, Middle Initial) B. Ms. Kimberly Dorgan		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR771395110873
Mailing Address 101 Constitution Avenue, NW Suite 700 West		Amount of Each Receipt this Period 326.04
City Washington State DC Zip Code 20001-2133	P/R Deduction (\$163.02 Semi-Monthly)	
FEC ID number of contributing federal political committee. C	Name of Employer American Council of Life Insurers Occupation Executive Vice President, Federal Rela	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1956.24	

Full Name (Last, First, Middle Initial) C. Mr. John Pearson		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR771402610873
Mailing Address 10075 Red Run Boulevard		Amount of Each Receipt this Period 150.00
City Owings Mills State MD Zip Code 21117-4865	P/R Deduction (\$50.00 Bi-Weekly)	
FEC ID number of contributing federal political committee. C	Name of Employer Baltimore Life Insurance Company Occupation President & CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00	

SUBTOTAL of Receipts This Page (optional) ▶	629.16
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 30
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Council of Life Insurers Political Action Committee

A. Full Name (Last, First, Middle Initial) Mr. Morris Goff		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR771419310873
Mailing Address 101 Constitution Avenue, NW Suite 700 West		Amount of Each Receipt this Period 79.98
City Washington State DC Zip Code 20001-2133	FEC ID number of contributing federal political committee. C	P/R Deduction (\$39.99 Semi-Monthly)
Name of Employer American Council of Life Insurers Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Vice President, Federal Relations Aggregate Year-to-Date ▼ 479.88	

B. Full Name (Last, First, Middle Initial) Frank Keating		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR771419710873
Mailing Address 101 Constitution Avenue, NW Suite 700 West		Amount of Each Receipt this Period 416.66
City Washington State DC Zip Code 20001-2133	FEC ID number of contributing federal political committee. C	P/R Deduction (\$208.33 Semi-Monthly)
Name of Employer American Council of Life Insurers Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation President & CEO Aggregate Year-to-Date ▼ 2499.96	

C. Full Name (Last, First, Middle Initial) Mr. Michael J. Hunter		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR771419810873
Mailing Address 101 Constitution Avenue, NW Suite 700 West		Amount of Each Receipt this Period 416.66
City Washington State DC Zip Code 20001-2133	FEC ID number of contributing federal political committee. C	P/R Deduction (\$208.33 Semi-Monthly)
Name of Employer American Council of Life Insurers Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Executive Vice President & COO Aggregate Year-to-Date ▼ 2499.96	

SUBTOTAL of Receipts This Page (optional) ▶	913.30
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 30
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Council of Life Insurers Political Action Committee

Full Name (Last, First, Middle Initial) A. Mr. Juan Carlos Scott		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR771428810873
Mailing Address 101 Constitution Ave, NW Suite 700 West		Amount of Each Receipt this Period 117.50
City Washington State DC Zip Code 20001-2133	FEC ID number of contributing federal political committee. C	P/R Deduction (\$58.75 Semi-Monthly)
Name of Employer American Council of Life Insurers Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Senior Vice President, Federal Relatio Aggregate Year-to-Date ▼ 705.00	

Full Name (Last, First, Middle Initial) B. David C. Turner		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR771428910873
Mailing Address 101 Constitution Ave, NW Suite 700		Amount of Each Receipt this Period 171.26
City Washington State DC Zip Code 20001-2133	FEC ID number of contributing federal political committee. C	P/R Deduction (\$85.63 Semi-Monthly)
Name of Employer American Council of Life Insurers Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Sr. Vice President and Corp Sec. Aggregate Year-to-Date ▼ 1027.55	

Full Name (Last, First, Middle Initial) C. Alane R. Dent		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR771444310873
Mailing Address 101 Constitution Ave, NW Suite 700		Amount of Each Receipt this Period 48.80
City Washington State DC Zip Code 20001-2133	FEC ID number of contributing federal political committee. C	P/R Deduction (\$24.40 Semi-Monthly)
Name of Employer American Council of Life Insurers Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Vice President, Federal Relations Aggregate Year-to-Date ▼ 292.80	

SUBTOTAL of Receipts This Page (optional) ▶	337.56
TOTAL This Period (last page this line number only) ▶	[Empty Box]

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 17 / 30
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Council of Life Insurers Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. Maurice Perkins

Mailing Address 101 Constitution Ave, NW
Suite 700

City State Zip Code
Washington DC 20001-2133

FEC ID number of contributing federal political committee. **C**

Name of Employer American Council of Life Insurers
Occupation Vice President, Federal Relations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
819.97

Date of Receipt
M M / D D / Y Y Y Y Y

Transaction ID: PR805149110873

Amount of Each Receipt this Period
136.66

P/R Deduction (\$68.33 Semi-Monthly)

B. Full Name (Last, First, Middle Initial)
Mr. Wayne Mehlman

Mailing Address 101 Constitution Avenue, NW
Suite 700

City State Zip Code
Washington DC 20001-2133

FEC ID number of contributing federal political committee. **C**

Name of Employer American Council of Life Insurers
Occupation Counsel, Insurance Regulation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
M M / D D / Y Y Y Y Y

Transaction ID: PR904819510873

Amount of Each Receipt this Period
50.00

P/R Deduction (\$25.00 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional)	186.66
TOTAL This Period (last page this line number only)	4937.50

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 30
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Council of Life Insurers Political Action Committee

A. Full Name (Last, First, Middle Initial)
Protective Life Corp. PAC

Mailing Address P. O. Box 2606

City State Zip Code
Birmingham AL 35202

FEC ID number of contributing federal political committee. **C** C00161414

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 6 / 2 5 / 2 0 0 7

Transaction ID: 20565570

Amount of Each Receipt this Period
5000.00

B. Full Name (Last, First, Middle Initial)
Sun Life Assurance Company of Canada (U.S.) PAC

Mailing Address 201 Townsend Street
Suite 900

City State Zip Code
Lansing MI 48933

FEC ID number of contributing federal political committee. **C** C00419333

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 6 / 2 5 / 2 0 0 7

Transaction ID: 20568534

Amount of Each Receipt this Period
5000.00

C. Full Name (Last, First, Middle Initial)
Assurant Inc. Political Action Committee

Mailing Address P.O. Box 3050

City State Zip Code
Milwaukee WI 53201

FEC ID number of contributing federal political committee. **C** C00185694

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 6 / 2 6 / 2 0 0 7

Transaction ID: 20573982

Amount of Each Receipt this Period
5000.00

SUBTOTAL of Receipts This Page (optional)	15000.00
TOTAL This Period (last page this line number only)	15000.00

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 19 / 30

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Council of Life Insurers Political Action Committee

Full Name (Last, First, Middle Initial) A. Clay Jr. For Congress		Transaction ID: 20293100 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 4 / 2 0 0 7
Mailing Address P.O. Box 4544 Suite 300		Amount of Each Disbursement this Period 1000.00
City St. Louis State MO Zip Code 63108		
Purpose of Disbursement	011 Category/Type	
Candidate Name Rep. William Clay, Jr.		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 1	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Craig for U S Senate		Transaction ID: 20293240 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 4 / 2 0 0 7
Mailing Address PO Box 2754 802 W Bannock Suite Lp101		Amount of Each Disbursement this Period 1000.00
City Boise State ID Zip Code 83701		
Purpose of Disbursement	011 Category/Type	
Candidate Name Larry Craig		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: ID District: 1	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Crowley for Congress		Transaction ID: 20293096 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 4 / 2 0 0 7
Mailing Address 422 C Street, NE Lower Level		Amount of Each Disbursement this Period 2000.00
City Washington State DC Zip Code 20002		
Purpose of Disbursement	011 Category/Type	
Candidate Name Joseph Crowley		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 7	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	4000.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Council of Life Insurers Political Action Committee

Full Name (Last, First, Middle Initial) A. DCCC		Transaction ID: 20574157 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 6 / 2 0 0 7
Mailing Address 430 South Capitol Street, SE		Amount of Each Disbursement this Period 5000.00
City Washington State DC Zip Code 20003	011 Category/ Type	
Purpose of Disbursement		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. American Council of Life Insurers		Transaction ID: 20574115 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 6 / 2 0 0 7
Mailing Address 101 Constitution Ave, NW Suite 700		Amount of Each Disbursement this Period 250.00
City Washington State DC Zip Code 20001	011 Category/ Type	
Purpose of Disbursement In-Kind Services Dodd for President Brea		
Candidate Name Mr. Christopher Dodd		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: DC District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

In-Kind Services Dodd for President Breakfast

Full Name (Last, First, Middle Initial) C. Bistro Bis		Transaction ID: 20574121 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 6 / 2 0 0 7
Mailing Address 15 E Street NW		Amount of Each Disbursement this Period 1756.00
City Washington State DC Zip Code 20001	011 Category/ Type	
Purpose of Disbursement In-Kind Room Rental and Catering		
Candidate Name Mr. Christopher Dodd		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: DC District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

In-Kind Room Rental and Catering

SUBTOTAL of Disbursements This Page (optional) ▶	7006.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 21 / 30

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Council of Life Insurers Political Action Committee

Full Name (Last, First, Middle Initial) A. Dreier for Congress Committee		Transaction ID: 20293238 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 4 / 2 0 0 7	
Mailing Address P.O. Box 505		Amount of Each Disbursement this Period 1000.00	
City Upland State CA Zip Code 91785	Purpose of Disbursement 011 Category/Type		
Candidate Name David Dreier			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 26	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. DSCC		Transaction ID: 20574158 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 6 / 2 0 0 7	
Mailing Address 120 Maryland Avenue, NE		Amount of Each Disbursement this Period 5000.00	
City Washington State DC Zip Code 20006	Purpose of Disbursement 011 Category/Type		
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Friends of Rahm Emanuel		Transaction ID: 20293233 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 4 / 2 0 0 7	
Mailing Address Attn: Anne Olaimay P.O. Box 101124		Amount of Each Disbursement this Period 2500.00	
City Chicago State IL Zip Code 60610	Purpose of Disbursement 011 Category/Type		
Candidate Name Rahm Emanuel			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 5	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	8500.00
TOTAL This Period (last page this line number only) ▶	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Council of Life Insurers Political Action Committee

Full Name (Last, First, Middle Initial) A. People for English		Transaction ID: 20293227 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 4 / 2 0 0 7
Mailing Address 104 Hume Ave		Amount of Each Disbursement this Period 1000.00
City Alexandria State VA Zip Code 22301	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Phil English		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 3	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. People for English		Transaction ID: 20573990 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 6 / 2 0 0 7
Mailing Address 104 Hume Ave		Amount of Each Disbursement this Period 500.00
City Alexandria State VA Zip Code 22301	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Phil English		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 3	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. ERICPAC		Transaction ID: 20290080 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 4 / 2 0 0 7
Mailing Address 209 Pennsylvania Ave, SE		Amount of Each Disbursement this Period 2500.00
City Washington State DC Zip Code 20003	011 Category/ Type	
Purpose of Disbursement		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	4000.00
TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 23 / 30

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Council of Life Insurers Political Action Committee

Full Name (Last, First, Middle Initial) A. Barney Frank for Congress		Transaction ID: 20293071	
Mailing Address 38 Ivy Street, SE		Date of Disbursement 06 / 04 / 2007	
City Washington	State DC	Zip Code 20003	Amount of Each Disbursement this Period 1394.60
Purpose of Disbursement		011 Category/ Type	
Candidate Name Barney Frank			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: MA	District: 4		

Full Name (Last, First, Middle Initial) B. Windows Catering Company		Transaction ID: 20293088	
Mailing Address 5724 General Washington Drive		Date of Disbursement 06 / 04 / 2007	
City Alexandria	State VA	Zip Code 22312	Amount of Each Disbursement this Period 430.40
Purpose of Disbursement In-Kind catering Contribution		011 Category/ Type	
Candidate Name Barney Frank			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: MA	District: 4		

Full Name (Last, First, Middle Initial) C. Jim Gerlach for Congress Committee		Transaction ID: 20293230	
Mailing Address 911 Welsh Ayres Way		Date of Disbursement 06 / 04 / 2007	
City Downingtown	State PA	Zip Code 19335	Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement		011 Category/ Type	
Candidate Name Jim Gerlach			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: PA	District: 6		

SUBTOTAL of Disbursements This Page (optional)	2825.00
TOTAL This Period (last page this line number only)	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 24 / 30

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Council of Life Insurers Political Action Committee

Full Name (Last, First, Middle Initial) A. Grassley Committee		Transaction ID: 20293225 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 4 / 2 0 0 7
Mailing Address 5327 Holmes Run Parkway		Amount of Each Disbursement this Period 3000.00
City Alexandria State VA Zip Code 22304	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Chuck Grassley		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 1	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Larson for Congress		Transaction ID: 20574102 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 6 / 2 0 0 7
Mailing Address 29 Ruff Circle		Amount of Each Disbursement this Period 1000.00
City Glastonbury State CT Zip Code 06033	011 Category/ Type	
Purpose of Disbursement		
Candidate Name John Larson		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 1	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Levin For Congress		Transaction ID: 20573991 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 6 / 2 0 0 7
Mailing Address P.O. Box 37		Amount of Each Disbursement this Period 1000.00
City Roseville State MI Zip Code 48066	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Rep. Sander Levin		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 12	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	5000.00
TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 25 / 30

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Council of Life Insurers Political Action Committee

Full Name (Last, First, Middle Initial) A. Ron Lewis For Congress		Transaction ID: 20573997 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 6 / 2 0 0 7
Mailing Address 700 12th Street, NW Suite 700		Amount of Each Disbursement this Period 1000.00
City Washington State DC Zip Code 20005		
Purpose of Disbursement Candidate Name Rep. Ron Lewis Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 2	011 Category/ Type	
Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Committee To Elect Chris Murphy		Transaction ID: 20574099 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 6 / 2 0 0 7
Mailing Address P.O. Box 127		Amount of Each Disbursement this Period 1000.00
City Cheshire State CT Zip Code 06410		
Purpose of Disbursement Candidate Name Rep. Christopher Murphy Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 5	011 Category/ Type	
Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Ben Nelson for US Senate		Transaction ID: 20293095 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 4 / 2 0 0 7
Mailing Address 426 C Street, NE		Amount of Each Disbursement this Period 1000.00
City Washington State DC Zip Code 20002		
Purpose of Disbursement Candidate Name Ben Nelson Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NE District: 2	011 Category/ Type	
Disbursement For: 2007 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	3000.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Council of Life Insurers Political Action Committee

Full Name (Last, First, Middle Initial) A. NRCC		Transaction ID: 20574159 Date of Disbursement M M / D D / Y Y Y Y 06 / 26 / 2007
Mailing Address 320 First Street, SE		Amount of Each Disbursement this Period 5000.00
City Washington State DC Zip Code 20003	011 Category/ Type	
Purpose of Disbursement		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. NRSC		Transaction ID: 20574171 Date of Disbursement M M / D D / Y Y Y Y 06 / 26 / 2007
Mailing Address 425 2nd Street, NE		Amount of Each Disbursement this Period 5000.00
City Washington State DC Zip Code 20002	011 Category/ Type	
Purpose of Disbursement		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Devin Nunes Campaign Committee		Transaction ID: 20293094 Date of Disbursement M M / D D / Y Y Y Y 06 / 04 / 2007
Mailing Address PO Box 6545		Amount of Each Disbursement this Period 1000.00
City Visalia State CA Zip Code 93290	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Rep. Devin Nunes		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 21	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	11000.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Council of Life Insurers Political Action Committee

Full Name (Last, First, Middle Initial) A. Pomeroy for Congress		Transaction ID: 20574633 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 6 / 2 0 0 7
Mailing Address Post Office Box 75214		Amount of Each Disbursement this Period 2500.00
City Washington State DC Zip Code 20013	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Earl Pomeroy		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: ND District: 1	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Price For Congress		Transaction ID: 20573992 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 6 / 2 0 0 7
Mailing Address PO Box 425		Amount of Each Disbursement this Period 1000.00
City Roswell State GA Zip Code 30077	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Rep. Thomas Price, M.D.		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 6	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Pryce for Congress		Transaction ID: 20574103 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 6 / 2 0 0 7
Mailing Address 145 E. Rich Street		Amount of Each Disbursement this Period 1000.00
City Columbus State OH Zip Code 43215	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Deborah Pryce		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 15	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	4500.00
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Council of Life Insurers Political Action Committee

Full Name (Last, First, Middle Initial) A. Jim Ramstad Volunteer Committee		Transaction ID: 20293103 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 4 / 2 0 0 7
Mailing Address 1809 Plymouth Road South #310B		Amount of Each Disbursement this Period 1000.00
City State Zip Code Minnetonka MN 55305	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Jim Ramstad		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 3	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Rangel for Congress		Transaction ID: 20573995 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 6 / 2 0 0 7
Mailing Address PO Box 5577 Manhattanville Station		Amount of Each Disbursement this Period 4000.00
City State Zip Code New York NY 10027	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Charles Rangel		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 15	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Royce Campaign Committee		Transaction ID: 20293110 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 4 / 2 0 0 7
Mailing Address P.O. Box 2525		Amount of Each Disbursement this Period 5000.00
City State Zip Code Orange CA 92859	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Ed Royce		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 40	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	10000.00
TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Council of Life Insurers Political Action Committee

A. Full Name (Last, First, Middle Initial)
Paul Ryan for Congress

Mailing Address 29 West Milwaukee Street
Suite 201

City Janesville State WI Zip Code 53545

Purpose of Disbursement

Candidate Name Paul Ryan

Office Sought: House
 Senate
 President

State: WI District: 1

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Transaction ID: 20573994

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Category/
Type

SUBTOTAL of Disbursements This Page (optional)	1000.00
TOTAL This Period (last page this line number only)	60831.00

Image# 27931192027

Form/Schedule: **F3XA**

Transaction ID:

This amendment is being filed in response to the RFAI dated August 29, 2007. The discrepancies concerning lines 23 and 29 between the detailed summary section and the Schedule B have been resolved. All disbursements are now reporting correctly on Line 23. Should you have any additional questions, please contact Kate Smith at (2-02) 624-2035 or katesmith@acli.com.
